

July 14, 2013

Claim: 66257 (Paul A. Marsilio)
SS: 128-44-9431
Lehman Employee ID: 10029141

To Whom It May Concern,

I am writing in response to an objection notice received from Weil, Gotshal & Manages for claim # 66257 in the amount of \$118,606 severance package received on 9/9/2008. It is my understanding that Weil is objecting to this claim on the basis the letterhead at the bottom of the first page of my severance letter had "Lehman, Inc."

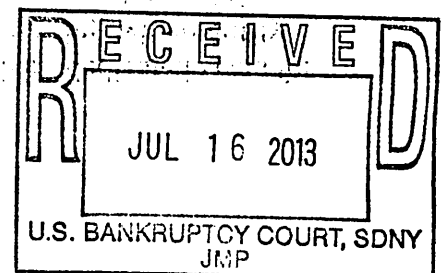
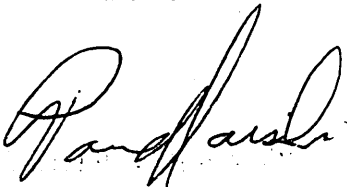
This is a technicality which merits more research by all parties to determine which entity is responsible for the severance packages. There was never a distinction between LBHI and LBI as these two names were used interchangeably. I have attached the following documents which clearly show that I was an employee of Lehman Brothers Holdings, Inc.

- 1) PBGC Retirement Plan
- 2) Wageworks(Flex Spending) Account Activity (2007/2008)
- 3) Aetna PPO Medical Plan (06-01-04 to 11-14-2009)
- 4) Aetna Dental Plan (06-01-1994 to 11-14-2009)

This severance package is very important to me as I worked 16 hard dedicated years for Lehman Brothers. **I urge for the proper due diligence in determining which entity LBHI or LBI is responsible for this claim and any other employee related claims.**

Please let me know if I can be of further assistance or provide any other documentation for this claim. Thank you very much for your help with this. If you have any questions, I can be reached at (917) 584-9341. I currently reside at 2511 37th Street, Astoria, NY 11103. Thank you again for your help with this which is greatly appreciated.

Sincerely,
Paul Marsilio





PBGC/Benefits Admin & Payment Dept
P.O. Box 151750
Alexandria VA 22315-1750

530M
June 27, 2013

PBGC Case Number:
Plan Name:

21291800

LEHMAN BROTHERS HOLDINGS INC. RETIREMENT PLAN

PAUL A MARSILIO
2511 37TH ST
ASTORIA NY 111034227

Dear PAUL A MARSILIO:

Thank you for contacting the Pension Benefit Guaranty Corporation (PBGC). The material you requested is enclosed.

If you have any questions or need assistance, please call **1 (800) 400-7242**. If you use a TTY/ASCII, call **1-800-877-8339** and give the relay operator our telephone number.

When contacting us, include your Social Security number, PBGC case number, 21291800, and daytime telephone number.

Sincerely,

Michael Marinelli

Michael Marinelli
FBA Pension Benefit Analyst
Field Benefit Administration

Enclosure:

Copy of letter dated 8/31/2009
Copy of letter dated 9/28/2012



Health Care FSA 2007 STATEMENT OF ACTIVITY

Paul A Marsilio
2511 37th Street
Astoria, NY 11103

Program Sponsor: Lehman Brothers Holdings, Inc.
Use from: 1/1/07 to 3/15/08
Spend by: 3/15/08
Claim by: 6/30/08

Date	Paid / Description	Service / Payroll Date	Type	Receipt Needed?	Payment	Funds In(+)	Funds Out(-)	Balance(=)
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$1.53		\$1.53	\$0.00
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$9.99		\$9.99	\$1.53
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$8.29		\$8.29	\$11.52
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$14.99		\$14.99	\$19.81
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$7.39		\$7.39	\$34.80
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$10.99		\$10.99	\$42.19
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$7.29		\$7.29	\$53.18
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$12.49		\$12.49	\$60.47
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$19.99		\$19.99	\$72.96
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$13.49		\$13.49	\$92.95
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$12.49		\$12.49	\$106.44
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$7.99		\$7.99	\$118.93
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$6.99		\$6.99	\$126.92
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$12.49		\$12.49	\$133.91
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$4.99		\$4.99	\$146.40
2/26/08	Marsilio Paul	2/18/08	Pay Me Back	No	\$7.29		\$7.29	\$151.39
12/26/07	NY DOWNTOWN MEDICAL	12/24/07	Card Use	No	\$30.00		\$30.00	\$158.68
12/26/07	DUANE READE 0102 Q04	12/24/07	Card Use	No	\$10.00		\$10.00	\$188.68
12/6/07	DOWNTOWN PHARMACY	12/4/07	Card Use	No	\$9.62		\$9.62	\$198.68
12/5/07	TRIBECA PEDIATRICS	12/4/07	Card Use	No	\$20.00		\$20.00	\$208.30
11/30/07	NY DOWNTOWN MEDICAL	11/28/07	Card Use	No	\$30.00		\$30.00	\$228.30
11/23/07	NYU SLEEP DISORDER	11/21/07	Card Use	No	\$30.00		\$30.00	\$258.30
11/8/07	Paid Back to Account (Check)		Repayment	No		\$12.49		\$288.30
11/8/07	Paid Back to Account (Check)		Repayment	No		\$10.48		\$275.81



*****AUTO***SCH 3-DIGIT 110
3238 1 AT 0-384 13
PAUL A MARSILIO
2511 37TH ST
ASTORIA NY 11103-4227

6-28-2013

DCN# 130628059247

Plan Sponsor: Lehman Brothers Holdings Inc.
Control #: 159636
Member: Paul Marsilio
Member ID #: W186367938
DCN: na

Dear Paul A Marsilio:

This letter is in response to your inquiry of 06-27-2013 regarding dental eligibility for the patient(s) referenced below. Please be advised that these patients were covered during the period of time indicated below:

Name	Effective Date	Termination Date
Paul Marsilio	06-01-1994	11-14-2009

If you have any additional questions, please call Aetna Customer Service at 1-877-238-6200.

Sincerely,

Melina Rovella

Melissa Rovella
Consultant
Dental Technical

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Dental Inc., Aetna Dental of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Behavioral Health, LLC, Strategic Resource Company (SRC), Aetna Health Insurance Company of Europe, Ltd., Aetna Life & Casualty (Bermuda) Ltd. and/or Aetna Life Insurance Company (Aetna). Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. For fully funded health plans in Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

aetnaSM

PO Box 14079
Lexington, KY 40512-4079

7-9-2013

DCN# 130709059187

PAUL MARSILIO
2511 37TH ST
ASTORIA, NY 11103-4227

Plan Sponsor Name: LEHMAN BROTHERS HOLDINGS, INC.
Subscriber Name: PAUL MARSILIO
Patient Name: ALEX MARSILIO, ARACELLI MARSILIO, CRISTAL MARSILIO
ID Number: XXXXX9431

Subject: Verification of Eligibility

Dear Paul Marsilio:

This letter is in response to your request for written confirmation that the above named patients were eligible for medical insurance coverage. The above named patients became effective with us on 06-01-1994 and were enrolled in a PPO plan that terminated on 11-14-2009.

This is not a guarantee of payment, only verification of eligibility. The patients must be eligible for coverage on the date services are received. If the subscriber's and/or the dependent's status has changed with the plan sponsor (usually the employer), please contact the plan sponsor because terminations based on eligibility can be retroactive.

Benefit coverage is determined based on the patient's actual eligibility on the date services are rendered and is subject to all plan provisions and exclusions actually in effect on that date. Please refer to your plan documents for further information regarding benefits and exclusions.

Please send all claims to:

Aetna
860-273-8600
Hartford, CT 06156-9998